

STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL
REGISTRY OF CHARITABLE TRUSTS
P. O. Box 903447
Sacramento, CA 94230-4470

FORM CF-2

ANNUAL FINANCIAL REPORT

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES ²⁰⁰²
(Calif. Government Code Sec. 12599) for Calendar Year Ending December 31, 199

Address of Commercial Fundraiser:

Tele-Response Center, Inc.

2824 Cottman Avenue

Philadelphia

PA 19149

Telemarketing

held (on)(from)

(Kind of Activity)

11-2705283
Name and Address of Charitable Organization Name
or Charitable Purposes: 65053

American Athletes with Disabilities
8630 Fenton St. (920) Ave
Silver Springs, Md. 20910

2/18/02, 2002, to 11/1/19, 2002
(Date or Dates must be shown)

1. REVENUE

- A. Cash Contributions
B. Entertainment sales or admission charges
C. Sales from products
D. Advertisement sales
E. Membership fees
F. Other sources: (Specify)

a _____
b _____
c _____
d _____

A.
B.
C.
D.
E.

Fa.
Fb.
Fc.
Fd.

G. TOTAL REVENUE

63220 G.

2. EXPENSES:

- A. Fees or commissions
B. Salaries
C. Payroll taxes
D. Employee benefits
E. Cost of merchandise for resale
F. Cost of entertainment
G. Postage
H. Advertising
I. Telephone
J. Rental of equipment
K. Facilities charge
L. Permits

A.
B.
C.
D.
E.
F.
G.
H.
I.
J.
K.
L.

M. Other expenses: (Specify)

a Solicitation fee
b _____
c _____
d _____

3757 06 Ma.
Mb.
Mc.
Md.

N. TOTAL EXPENSES

- 3757 06 N.

3. Distribution or net to charitable organization or charitable purposes

- 3124 86 3.

4. (a) Is any officer, director, partner or owner of the Commercial Fundraiser in any way affiliated with or control, directly or indirectly, the charitable organization for which Commercial Fundraiser has contracted to solicit?
[] Yes [X] No If "yes", complete the following:

Name of officer, director, partner
or owner of Commercial Fundraiser

Name and Address
Charitable Organization

Relationship of officer, etc.
to Charitable Organization

(b) For each affiliation identified under 4(a), attach copy of contract between commercial fundraiser and charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (Commercial Fundraiser)

Printed Name

Title

Date

This report must be signed by two officers of the charitable organization for verifying the distribution.

Signature of authorized officer/director (Charity)

Printed Name

Title

Date

Attorney General's
Register of Charitable Trusts

DEC 26 2002

RECEIVED

401949

Q